



DIABETES EDUCATION PROGRAM
Application for Program Approval and Medicaid Reimbursement
Please print or type

Organization Name _____ Medicaid Provider # _____

Clinics: 7-digit number beginning with "7" or "1"

Hospitals: 7-digit number beginning with "3"

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone (____) _____ FAX (____) _____

Email Address of contact person: _____ @ _____

Directions: Complete all sections of the application and return to:

Jeanne Harmon, RD, MBA, CDE
Department of Health
Diabetes Prevention and Control Program
PO Box 47855
Tumwater, WA 98501-7855
Phone (253) 395-6758
Fax 360-236-3708
Email: jeanne.harmon@doh.wa.gov

You will be contacted if there are questions about your application. If your program is approved, you will receive written notification. Please allow 4 weeks for processing. Thank you for your interest in caring for people who have diabetes.

Section I: Medical Advisor

What is the **name, phone number and licensure** of the Primary Health Care Provider who has responsibility for the oversight of your diabetes education program? Example: MD, PA-C, ARNP

How is this person affiliated with your organization?

Section II Referral Process

Describe the referral process into your diabetes education program. Attach a referral form if you use one.

Section III Teaching Team

List all members of your diabetes education teaching team indicating **profession and at least 6 hours of diabetes specific continuing education obtained within the last 2 years**. Please attach documentation as specified below. Your team must include at least 2 persons of different professional disciplines, such as MD, RN, RD, ARNP, PA-C, RPh, etc.

Name	Profession*	Continuing Education Title, Sponsor and number of hours**

* Copy of license, registration, or certification required

** Documentation of continuing education hours required except for Certified Diabetes Educators

Section IV Curriculum

Attach the client-measurable, behaviorally stated educational objectives and content outline for each of the following teaching modules. Your diabetes education program must include these topics as a minimum.

- * What is diabetes?
- * Nutrition
- * Exercise/Physical Activity
- * Prevention of Acute Complications
- * Prevention of Chronic Complications
- * Monitoring
- * Medications

Section V Assessment

Attach a client needs assessment form, which you use to determine what education is appropriate for each client.

Your program must meet the *Standards of Practice for Diabetes Educators* as established by the American Association of Diabetes Educators (AADE). This document is available from AADE as a faxed document. Please follow the link <http://aadenet.org/AboutUs/99ScopeStandards.shtml> and request document # 9031, or call 1-800-338-3633 and follow the prompts to the AADEfax service.

Diabetes Education Program Reference List

The titles and contact organizations listed below can direct your first efforts in exploring the vast field of diabetes education materials and your professional development. They are not intended to represent a complete review of the literature.

Professional Development

Title: *A Core Curriculum for Diabetes Education*, 5th Edition (4 volume set)
Source: American Association of Diabetes Educators
Cost: Members: \$159.95; non-members \$229.95

Title: *Therapy for Diabetes Mellitus and Related Disorders*, 4th Edition
Source: American Diabetes Association phone 1-800-232-6733
Cost: \$59.95

Program Development

Title: *Diabetes Education Goals*, 3rd Edition
Source: American Diabetes Association, phone 1-800-232-6733,
Cost: \$30.95

Title: *How to Design and Use a Patient Teaching Module*
Author: Merna Spicer
Publisher: Pritchett and Hull, phone 1-800-241-4925
Cost: \$6.60

Key Resource Organizations

American Association of Diabetes Educators
100 W. Monroe, Suite 400
Chicago, IL 60603
1-800-338-3633
Website: www.aadenet.org

American Diabetes Association of Washington State
1730 Minor Avenue Suite 920
Seattle WA 98101 1-800-DIABETES or (206)282-4616
Website: www.diabetes.org

National Diabetes Information Clearinghouse
PO Box NDIC
9000 Rockville Pike
Bethesda MD 20891 (301)468-2162
Website: www.diabetes.niddk.nih.gov

Revised 3/06